

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/17/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295073		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/29/2008	
NAME OF PROVIDER OR SUPPLIER MANOR HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8501 DEL WEBB BLVD LAS VEGAS, NV 89134			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of the complaint investigation conducted at your facility from 8/28/08 to 8/29/08.</p> <p>There were 9 complaints investigated.</p> <p>Complaint # NV 18079 - Unsubstantiated Complaint # NV 15745 - Unsubstantiated Complaint # NV 18784 - Unsubstantiated Complaint # NV 19041 - Substantiated without deficiencies Complaint # NV 18818 - Substantiated without deficiencies Complaint # NV 17143 - Substantiated without deficiencies Complaint # NV 18042 - Substantiated (Tag F386) Complaint # NV 18705 - Substantiated (Tag F441) Complaint # NV 18069 - Substantiated (Tag F329)</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>There following regulatory deficiencies were identified:</p>			F 000			
F 329 SS=D	<p>483.25(l) UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate</p>			F 329			1/15/09

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 329	<p>Continued From page 1</p> <p>indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure each resident's drug regimen was free from an unnecessary drug, administered for an excessive duration (#2.)</p> <p>Findings include:</p> <p>Resident #2</p> <p>Resident #2 is a 63 year old female who was admitted on 3/13/08 with the following diagnoses: quadriplegia, chronic pain, paranoia, debilitating state, pressure ulceration, neuropathic pain, osteoarthritis, rheumatoid arthritis, constipation, insomnia, and anxiety.</p>	F 329			

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F 329	<p>Continued From page 2</p> <p>Interview</p> <p>On 10/03/08 at 2:50 PM, Conrad Blake, a clinical pharmacist with Integricare Clinical Associates, indicated that 5 days was the recommended number of days the medication ketorolac/Toradol was to be given. After 5 days of ketorolac administration the recommendation is to place the resident on an oral NSAID (non-steroidal anti-inflammatory drug.)</p> <p>Record Review</p> <p>The Physician's Telephone Orders for Resident #2 lists the following order dated 4/4/08:</p> <p>"Ketorolac 30 mg (milligram) IM (intramuscularly) q (every) 8 hours PRN (as needed) severe pain if her other meds (medications) not help. DX (diagnosis) Chronic Pain</p> <p>The April, May, and June 2008 Medication Administration Record (MAR) for Resident #2 lists the following order with a start date of 4/04/08:</p> <p>"Ketorolac 30 mg IM q 8 hours PRN for severe pain if other meds not help."</p> <p>The MAR's for April, May, and June, 2008 document the following number of doses of ketorolac 30 mg IM as given:</p> <ul style="list-style-type: none"> - April, 2008, 33 doses from 4/5/08 through 4/27/08, - May, 2008, 42 doses from 5/1/08 through 5/31/08, and - June, 2008, 5 doses from 6/21/08 through 6/24/08. 	F 329			

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F 329	Continued From page 3 The Medication Regimen Review from a reviewing pharmacist, dated 6/9/08, includes the following statement regarding Resident #2's pain medication: "Resident currently receives MS Contin 30 mg q 8 hours, Neurontin 400 mg TID (three times daily,) Cymbalta 20 mg daily for control. She also has prn Lortab, MS IR, and Ketorolac IM available. The orders on Ketorolac read to only give if other pain meds are not effective. However, resident has been requesting and receiving Ketorolac daily since it was ordered in April... Ketorolac is only recommended to be given for a maximum of 5 days to limit exposure and side effects... Recommend to D/C Ketorolac at this time..." Resident #2 received Ketorolac/Toradol for a number of days that greatly exceeded the recommended duration for administration.	F 329			
F 441 SS=D	Complaint #18069 483.65(a) INFECTION CONTROL The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection. The facility must establish an infection control program under which it investigates, controls, and prevents infections in the facility; decides what procedures, such as isolation should be applied to an individual resident; and maintains a record of incidents and corrective actions related to infections. This REQUIREMENT is not met as evidenced	F 441			1/15/09

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F 441	<p>Continued From page 4</p> <p>by:</p> <p>Based on interview and record review, the facility failed to maintain an established infection control program which investigated, controlled, and prevented infections in the facility.</p> <p>Findings include:</p> <p>Resident #1</p> <p>Resident #1 was an 87 year old female admitted on 1/4/06 with diagnoses including Hyperlipidemia, Osteoporosis, Hypertension, Anemia, and Dementia.</p> <p>Record Review</p> <p>An "Interview Record" (a hand written document) by Employee #1, dated 7/8/08 (incorrect date) contained the following statement:</p> <p>"I went to resident #1's room, after a long fail attempts in finding for xxx and....I found resident #1 and felt her nails digging into my skin and had a nail cutter in my pocket. I so why not? Cut her nails After many minutes of scratching I nicked her thumb while she was squirming and me having to stop, some blood from the scratches that was inflicted at me during my stint in cutting her nails."</p> <p>A second written statement from employee #2, dated 7/9/08, included the following description:</p> <p>"At approximately 11:50 AM on July 9, 2008 I was called to 300 Hall...to assist with counseling for... (employee #1.)"</p> <p>"Upon arriving on 300, while conferring with</p>	F 441			

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F 441	<p>Continued From page 5</p> <p>employee #3...I observed resident #1 sitting in the TV room, yelling...and gesturing toward... (employee #1.)" "She had blood on both hands, and blood drops were noted on the floor in front of her."</p> <p>"(Employee #1) ...had been observed providing nail care to...(resident #1) just prior to my arrival on the unit. I immediately removed...(employee #1) from the unit and observed scratches on his right arm and blood stains on his scrub top."</p> <p>A third hand written note by employee #3, dated 7/9/08 at 12:20 PM included the following description:</p> <p>"I also observed on resident #1 with fresh blood on both of her hands and fingers - (employee #1) had just cut her nails as they were bleeding. The above matter was addressed and taken care of by...employee #2."</p> <p>A "Change in Condition Assessment" form, dated 7/9/08, reported 2 new injuries described as a "small cut (L) thumb measuring < 0.5 cm" and "(R) wrist pain."</p> <p>Review of Photographic Evidence</p> <p>Review of the photographed injuries sustained by the resident when having her fingernails cut included the following findings:</p> <p>- On the outer aspect of the resident's right thumb a distinct line of a cut was visible--the line was a deep red in color.</p>	F 441			

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F 441	<p>Continued From page 6</p> <ul style="list-style-type: none"> - The cut extended outward from the outer aspect of the top edge of her right thumb nail. - The cut was not bleeding, oozing, or draining in the photograph. <p>Review of Policy/Procedure</p> <p>The Policy/Procedure titled "Grooming - Care of the Fingernails/Toenails" does not specify if separate nail clippers were to be used for each resident or the cleaning process for nail clippers shared between residents.</p> <p>Interview</p> <p>An interview with employee #2, on 8/29/08 at 9:40 AM revealed the following statements:</p> <ul style="list-style-type: none"> - "(he) held her to clip nails," - "he had broken skin from scratches" and "he stated Ana scratched him (forearms)," - "his scratches were open and bleeding," - "he was acting strangely, flailing (his arms)" and "he was acting off in front of a family" and "the charge nurse called for me," and - "there were blood drops on the floor." <p>Employee #2 was asked if an investigation regarding a possible blood-borne pathogen exposure had been done. Employee #2 stated "no" and revealed that such an exposure wasn't considered.</p> <p>An interview with Employee #4 on 8/28/08 at 9:50 AM revealed the following findings:</p>	F 441			

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F 441	<p>Continued From page 7</p> <ul style="list-style-type: none"> - "aware of incident and we did an investigation" and - the resident had a "nick on the finger" and "she was bleeding." <p>An interview with Employee #5, on 8/29/08 at 10:10 AM revealed the following:</p> <ul style="list-style-type: none"> - "we clip nails whenever they are long, we all can clip nails," - "clippers are disinfected after use, we use warm water and alcohol, we pour alcohol or use a swab," and - "after they are cleaned off we put them back in the clean work room." <p>This event did not demonstrate actions of an established infection control program that investigated a possible infection as evidenced by:</p> <ul style="list-style-type: none"> - an injury to the resident's right thumb occurred following a CNA clipping her fingernails, - the injury caused the resident to bleed from the injury unattended for an undetermined amount of time, - Employee #1 indicates he suffered scratches from resident #1, scratches to his forearms "which bled," - the policy for cleaning nail clippers did not specify the cleaning policy for nail clippers shared among residents, and - Employee #2's admission that no investigation was undertaken for a potential blood borne pathogen exposure. 	F 441			

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F 441	Continued From page 8 Complaint #18705	F 441			